


Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

Establishment Name TRUE NORTH COFFEE HOUSE	Telephone Number Est 812-266-0152 Own 812-557-0791	Date of Inspection 12/21/2020	ID#		
Address 137 E MARKET STREET, NEW ALBANY IN 47150	Purpose <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow Up	Released 12/31/2020		
Owner MICHELLE RYAN		Menu Type 1 _ 2 <u>X</u> 3 _ 4 _ 5 _			
Owner's Address 137 E. MARKET STREET NEW ALBANY, IN 47150					
Person in Charge GWEN BOWMAN					
Responsible Person's Email GWENLYSON@GMAIL.COM					
Certified Food Handler GWEN BOWMAN					
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"					
Section #	C	NC	R	Narrative	To Be Corrected
Summary of Violations C _____ NC _____ R _____					
Received by (name and title printed): GWEN BOWMAN			Inspected by (name and title printed): A.J. Ingram CHIEF FOOD SPECIALIST		
Received by (signature):			Inspected by (signature): 		
cc:		cc:		cc:	